



# STORIES OF SUCCESS

National Comprehensive Cancer Control Program  
Comprehensive Cancer Control in Action



## Acknowledgements

We would like to acknowledge all of the National Comprehensive Cancer Control Program (NCCCP) directors, coalition coordinators, staff, cancer survivors, community members, and other partners who submitted stories for this publication. We appreciate the time that went into crafting each submission and enjoyed reading the many successes that are occurring across the country.

A special thanks to the program consultants of the Comprehensive Cancer Control Branch within CDC's Division of Cancer Prevention and Control (DCPC) for their assistance in collecting the submitted success stories, and to Kathi Mills of DCPC for providing editorial assistance.

## A Message from Marcus Plescia, M.D., M.P.H. Director, CDC's Division of Cancer Prevention and Control

Since 1998, the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program (NCCCP) has made great strides to reduce the burden of cancer in the United States. NCCCP supports states, tribes, and territories to establish coalitions, assess the burden of cancer, determine priorities, and develop and implement comprehensive cancer control (CCC) plans. Comprehensive cancer control programs across the nation are working in their communities to promote healthy lifestyles, support recommended cancer screenings, educate people about cancer symptoms, increase access to quality cancer care, and enhance cancer survivors' quality of life.

NCCCP's success is grounded in the tremendous collaboration and partnerships that reach across traditional divides to make comprehensive cancer control a reality in communities across the nation. CCC coalitions form an army of dedicated individuals, professionals, and cancer survivors who share expertise, resources, and ideas to tackle priorities that are too broad to confront alone. The result is a powerful nationwide network of groups collaborating to conquer cancer.

*Comprehensive Cancer Control in Action: Stories of Success* is a compendium of narratives that illustrate the strength of comprehensive cancer control and highlight some of the extraordinary work of NCCCP-funded programs in collaboration with their community partners. We hope they inspire readers and spark new ideas to continue NCCCP's mission.

Sincerely,



Marcus Plescia, M.D., M.P.H.  
Director, Division of Cancer Prevention and Control  
Centers for Disease Control and Prevention

## The History of Comprehensive Cancer Control

The Division of Cancer Prevention and Control of the Centers for Disease Control and Prevention (CDC) recently celebrated the first 10 years of the National Comprehensive Cancer Control Program (NCCCP).<sup>1</sup> This program began through the efforts of dedicated public health professionals who recognized that a more collaborative approach would be necessary to reduce the burden of cancer in the United States. They believed that coordination among the various sectors involved in the fight against cancer would have tremendous impact on prevention, early detection, treatment, quality of care, and survival.

Since beginning the “War on Cancer” in 1971, there was a gradual build up of significant cancer prevention, research, and treatment initiatives, but by the end of the 1980s, it became increasingly clear that a more comprehensive and integrated approach that involved state agencies, local governments, private industry, professional organizations, voluntary organizations, the media, and other varied sectors affected by cancer was needed.

In 1994, the CDC, along with the American Cancer Society, the National Cancer Institute, the American College of Surgeons Commission on Cancer, the North American Association of Central Cancer Registries, the Intercultural Cancer Council, the National Association of Chronic Disease Directors, and other public health leaders at the state and national levels, began promoting a comprehensive approach to cancer control that would coordinate and integrate cancer prevention and control programs across traditional funding boundaries. These organizations were later joined by C-Change (formerly the National Dialogue on Cancer) and the Lance Armstrong Foundation to become the National Partnership for Comprehensive Cancer Control (National Partners). A critical part of the success in developing and sustaining the new approach came from the timely and coordinated assistance of the National Partners.

From 1995 to 1998, CDC held a series of meetings and workshops to gather input on the feasibility of implementing cancer control programs at the state level, and also conducted a baseline assessment of existing efforts and case studies of cancer control planning processes. Then in 1998, CDC began a pilot program that provided funding to assist five states and one tribal health board that had existing cancer

control plans: Colorado, Massachusetts, Michigan, North Carolina, Texas, and the Northwest Portland Area Indian Health Board. This was the beginning of CDC’s NCCCP.

Since 1998, the number of programs participating in the NCCCP has increased from 6 to 65. CDC awarded \$22.4 million in fiscal year 2008 to support 50 states, the District of Columbia, seven tribal governments and organizations, and seven territories and U.S. Associated Pacific Island jurisdictions, in the development and implementation of their Comprehensive Cancer Control (CCC) programs and plans.

The NCCCP, in collaboration with the National Partners, supports the establishment and growth of state, tribal, territorial and Pacific Island cancer coalitions for the development of cancer plans. These coalitions are comprised of active representatives from state health departments, cancer treatment centers, local cancer organizations and task forces, and others involved in the cancer continuum.

Each coalition reviews their existing cancer data in order to develop a plan for addressing cancer in that jurisdiction and identifying priorities. The coalition then uses evidence-based strategies and activities to implement the plan. These plans are available on a website for CCC programs (<http://cancercontrolplanet.cancer.gov/>).

Over the past decade, 65 CCC programs have begun to implement the public health strategies in their cancer plans. Cancer programs across the nation are now demonstrating their impact and accomplishments since creating their cancer plans. The CDC, in collaboration with our National Partners, takes pride in the accomplishments of the CCC programs and the impact of their activities in saving lives and building a sustainable direction for cancer prevention and control. As we continue to move forward and work across all chronic disease programs, we will continue to support the best in partnership, program evaluation, and cancer control practice and celebrate our success.

### Reference

<sup>1</sup> Excerpted from Major A, Stewart S. Celebrating 10 years of the National Comprehensive Cancer Control Program, 1998 to 2008. *Preventing Chronic Disease* 2009;6(4):A133.

## The Power of Partnership: The Essence of the National Comprehensive Cancer Control Program

Collaborating to conquer cancer is the underlying philosophy, infrastructure, and focus that directs and supports CDC’s National Comprehensive Cancer Control Program. Partners in comprehensive cancer control identify the cancer burden, plan effective interventions, conduct activities, and assess the impact of their efforts in achieving their cancer control objectives.

The stories in this compendium are examples of how states, tribes, and territories can work with partners to implement programs that contribute to their respective cancer goals. The voices of 23 comprehensive cancer control programs describe their accomplishments and plans to achieve their ultimate goal—conquering cancer. Each story is unique and provides highlights of activities, implementation strategies, and outcomes (where appropriate).

## The Many Uses of Success Stories

Success stories are a way to share the accomplishments of the National Comprehensive Cancer Control Program (NCCCP). Success stories also provide an opportunity for those working in comprehensive cancer control to learn from others and adapt strategies to fit their program goals.

We asked NCCCP grantees and their partners to share how they planned to use their stories. Their responses include:

<p><b>Community Outreach</b></p> <ul style="list-style-type: none"> <li>▪ Creating statewide end-of-life education</li> <li>▪ Survivor and oncology events</li> <li>▪ Stakeholder meetings and staff trainings</li> </ul>	<ul style="list-style-type: none"> <li>▪ Marketing plan</li> <li>▪ Web site</li> </ul>
<p><b>Coalition and program promotion/marketing</b></p> <ul style="list-style-type: none"> <li>▪ Online and print newsletters and other publications</li> <li>▪ Annual reports</li> </ul>	<p><b>Informing legislators and other stakeholders to gain support</b></p> <ul style="list-style-type: none"> <li>▪ Weekly Governor’s Report</li> <li>▪ Press releases</li> </ul>

Success stories can be a useful tool for **marketing your program and gaining support** for your efforts. They explain the important work being done in comprehensive cancer control and recognize the accomplishments of those working to improve cancer outcomes.

Stories should be interesting, easy to read, and relevant to the intended audience. To learn how to develop a compelling success story, see page 33 for helpful resources.



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Communities across the nation are uniting to ease the burden of cancer. This is Comprehensive Cancer Control. Together, we can **reduce cancer risk** by encouraging people to avoid tobacco use, eat a balanced diet, maintain a healthy weight, exercise regularly, and limit alcohol consumption.

Find out more at [www.cdc.gov/cancer/ncccp](http://www.cdc.gov/cancer/ncccp).

# ARKANSAS

## Tobacco Tax Increase: A Major Win for the Arkansas Cancer Coalition

In 2009, with the Governor's support, the Arkansas Senate approved a 56-cent tax increase for cigarettes and raised the sales tax on other tobacco products from 32% to 68%. Combined with the state's existing 59 cents per pack tax on cigarettes, the state cigarette tax now totals \$1.15 per pack, moving Arkansas up 15 spots to the 27th-highest tax on cigarettes in the country. Until recently, Arkansas ranked 38th highest out of the nation's 50 states for its tax on cigarettes, meaning 37 other states were doing more to improve their residents' health.

Officials say the Arkansas tax increase, when combined with federal matching dollars, will pay for nearly \$180 million in expanded health programs. Early on, it was determined that a portion of funds generated would be used to support goals and objectives outlined in the Arkansas Cancer Plan. "One of the things we have to ensure is that we do what we said we were going to do and make sure that these funds go into the right appropriation pots, the right agencies, the right bills, so that the money is expended exactly like it was sold," Governor Mike Beebe said.

The Plan provides recommendations for implementing and improving cancer control strategies, and encourages the collaboration of government, the private and nonprofit sectors, and Arkansas' communities and people. Using evidence-based goals and objectives, it has received a prestigious award for making progress to reduce the burden of cancer in Arkansas.

Arkansas Cancer Coalition (ARCC) accomplished this success in collaboration with the Step-Up Coalition. ARCC has been a member of the Step-Up Coalition since its inception. The Step-Up Coalition is a broad-based group of health care and community advocacy organizations that formed in August 2006.

Its mission is to protect and improve the health of Arkansans by using evidence-based strategies to decrease tobacco use and promote programs that reduce risk for, treat, and prevent disease. The Step-Up Coalition has been a leading proponent of increasing the tax on tobacco in Arkansas.

During the 86th General Assembly, the Coalition successfully organized partners and gained considerable support within the legislature. The Coalition secured legislative sponsors during the 2007 legislative session and filed legislation that reflected its planning work. The Coalition leadership provided grassroots and media advocacy tools to empower its diverse membership. The proposed House Bill 1739 would have raised the tobacco tax by 50 cents, with half of the proceeds directed to the state's general revenue fund and the other half dedicated to health care programs. The bill failed, but it allowed the Coalition to build support and meet with key people to further its mission.

In preparation for the 2009 legislative session, the Step-Up Coalition met to outline its next attempt to increase the Arkansas tobacco tax. The group proposed a cigarette excise tax increase with revenue being used to fund a statewide trauma system in addition to other health-related initiatives. The Coalition enlisted the help of partners statewide, including the ARCC, to facilitate a grassroots advocacy campaign. The ARCC worked with the Step-Up Coalition to call legislators and submit letters to the editor to educate about the benefits of raising taxes on tobacco products in hopes of fostering public support.

Through broad-based collaborative action, \$2 million was successfully secured for implementation of the Arkansas Cancer Plan.

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## CHEROKEE NATION

### Holiday Health Fair Draws a Crowd

Despite the rain, onlookers crowded under the tent to tour the Super Colon, a huge replica of the human colon that shows different stages of cancer and other diseases. As they walked through the Super Colon, visitors learned how they could help to prevent colon cancer and detect when something may be wrong.

“We could tell when the Cherokee National Holiday parade was over because we had a steady stream of folks waiting to take a tour of Super Colon,” said Ruth Hummingbird, Project Coordinator for the Comprehensive Cancer Control Program in Oklahoma.

Although only 94 visitors registered, about 235 people toured the Super Colon. To help visitors remember important facts about colon cancer, they took pre- and post-tests. The post-tests were placed in a box to be drawn for door prizes.

Traditionally, Tahlequah, Oklahoma, boasts a high Native American population, but those numbers swell when members of other tribes are in town for the Cherokee National Holiday. When staff from the Prevent Cancer Foundation offered to send the Super Colon on a tour of the Cherokee Nation, it was featured at the Cherokee National Holiday Health Fair to maximize outreach to Native Americans. The incidence of colon cancer and the number of patients who are diagnosed at later stages is high in the Cherokee Nation.

Data from the Oklahoma State Cancer Registry, CINA + Online, and the Cherokee Nation Cancer Registry reveal that Native Americans living in the Cherokee Nation have higher colorectal cancer death rates than Native Americans living in Oklahoma and across the United States, at 26.5, 21.6, and 20.0 per 100,000 people, respectively.

“The Prevent Cancer Foundation sincerely appreciated the opportunity to partner with the Cherokee Nation Comprehensive Cancer Control Program to educate and empower the Cherokee Nation citizens in combating colorectal cancer.”

In fact, colorectal cancer is the third most common cancer in the Cherokee Nation, which may be due to the low screening rate in the tribal jurisdictional service area. Cherokee Nation Cancer Registry data also show that many patients are diagnosed after the age of 59. Of these cases, only about 4% are diagnosed at the earliest stage, up from 1% in 2003. Of the remaining cases, 28% are diagnosed at the local stage, 35% at the regional stage, and 33% have not been staged.

“The Prevent Cancer Foundation sincerely appreciated the opportunity to partner with the Cherokee Nation Comprehensive Cancer Control Program to educate and empower the Cherokee Nation citizens in combating colorectal cancer,” said Jessica Albeita of the Prevent Cancer Foundation.

Many people touring the Super Colon said they were not aware that fiber intake, physical activity, and water play a big role in colon cancer prevention. Several visitors said they would change their habits to begin taking care of their colon.

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## KENTUCKY

### Working Together to Fight Kentucky's Number Two Cancer Killer: Colon Cancer

Kentucky has the second highest rate of death from colon cancer in the nation. Some 2,500 Kentuckians are diagnosed with the disease each year, and more than 800 die from it (Kentucky Cancer Registry, 2001–2005).

The good news: colon cancer screening can prevent the disease or detect it at an earlier more treatable stage, and screening rates in Kentucky are rising dramatically. In 1997, Kentucky ranked 49th among the states for the percentage of Kentuckians aged 50 years and old receiving regular colon cancer screening, according to the CDC's Behavioral Risk Factor Surveillance System (BRFSS), at 34.2%. In 2008, we ranked 23rd at 63.7%.

Kentucky's success in addressing colon cancer has been tremendous, Kentucky Cancer Program (KCP) Co-Director Debra Armstrong said, "Our efforts to eradicate this disease contain all the pieces of model comprehensive cancer control—a broad base of active partners, cancer data, identifying gaps in care and services, proven strategies, public education, training for health professionals, and integrated evaluation and feedback throughout the process. These pieces are coming together to change the colon cancer story in Kentucky."

The key building blocks that helped Kentucky make such progress include:

- A \$178,000 grant from CDC enabled 15 community coalitions in Kentucky to conduct the state's first coordinated statewide colon cancer awareness campaign in 2005–2006.
- A Dialogue for Action™: Get Behind Colon Cancer Screening for Kentuckians Summit held in Lexington, Kentucky in June 2008 to identify the state's top colon cancer priorities.
- Eleven Health Care Provider Trainings were held across the state from early 2008 to early 2009, giving more than 235 providers tools and resources to increase colon cancer screening in their practices.
- A Colon Cancer Screening Program for people with no insurance and/or no access to screening was established by the Kentucky State Legislature (funding pending). In a related move, the Legislature passed a bill requiring health insurance plans to cover colon cancer screening in July 2008.
- To increase coordination, the Kentucky Cancer Consortium Colon Cancer Ad Hoc Committee and the Kentucky Dialogue for Action™ Planning Committee merged into one entity, the KCC Colon Cancer Prevention Committee, in August 2008.
- Educational materials (a poster, bookmark, and church bulletin insert cards) about colon cancer were developed for distribution across the state.
- The Kentucky Department for Public Health introduced its new Colon Cancer Screening Program website in May 2009.
- Regional comprehensive cancer control coalitions distributed more than 5,900 colon cancer educational materials through targeted mailings, group presentations, and media to test dissemination methods.
- A Call to Action: Colon Cancer in Kentucky in May 2009 attracted 65 representatives from 37 organizations to learn about best practices for colon cancer education and outreach.
- The Targeted Colon Cancer Outreach Program (T-CCOP) was developed to fulfill the state requirement for a public awareness campaign. The 3-year program focuses on community and health care interventions and tracking results, media campaigns, direct mailings, printed awareness materials, continuing education for health care professionals, and evaluation.

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## NEW MEXICO

### RAYS Skin Cancer Prevention Program Shines Bright for New Mexico School Children

The North American Association of Central Cancer Registries, Inc., reports New Mexico as having one of the highest rates of melanoma among non-Hispanic white populations in the continental U.S. (35.4 per 100,000 among males and 22.6 per 100,000 among females). There are no comparable data for non-melanoma skin cancer in New Mexico, because population-based surveillance of this type of cancer is not conducted in the United States.

The RAYS Project (Raising Awareness in Youth about Sun Safety) within the New Mexico Department of Health Comprehensive Cancer Program (NMDOH CCP) provides funding and technical support to elementary schools and community organizations across New Mexico to implement sun safety education using various approved curricula. The RAYS Project seeks to reduce skin cancer risk among elementary school children in grades K–6 by educating students about protective behaviors, including seeking shade, wearing sun-protective clothing and sunglasses, staying out of the sun between 10:00 a.m. and 4:00 p.m., using sunscreen with an SPF of at least 15, and avoiding artificial sources of ultraviolet (UV) light. Many RAYS Project schools have changed policy on their campuses to support these behaviors, including changing recess times to avoid peak UV exposure, allowing students to wear hats and sunglasses, and providing shade on playgrounds. To supplement these educational activities, English- and Spanish-language materials targeting parents have been developed and are distributed to various audiences statewide.

RAYS Project contractors also infuse sun safety education into other health-related community events including health fairs, family festivals, and cancer-specific events. Additional educational strategies in schools include skits, fashion shows, field trips, assemblies, poster contests, and message reinforcement at sporting events. One particularly

passionate RAYS Project contractor developed a how-to guide for developing and sustaining successful sun safety programs in schools. This guide details the challenges, lessons learned, and rewards of implementing a successful sun safety program.

The RAYS Project initially focused on one large metropolitan school system in the state; it now extends into additional urban communities as well as rural areas where fewer resources exist. Since its inception in 2001, the RAYS Project has reached more than 56,000 school-age children, school staff, and community members.

To date, 55 RAYS Project contractors reported implementing sun-safe policy changes in their schools. Some schools, with the support of school staff, teachers, principals, and parent-teacher organizations, have secured funding independently to build shade structures over playground equipment. Contractors' hard work has resulted in some media coverage for RAYS Project activities.

The RAYS Project has experienced many successes. A 2006–2009 multi-year evaluation report revealed that overall, student behavior changed in the desired direction among the majority of groups after receiving sun safety education. The program also has impacted teacher behaviors positively. The evaluation report revealed that between 2006 and 2009, a majority of teachers implementing the RAYS Project consistently practiced sun-safe behaviors themselves and are positive role models for children.

The RAYS Project is the only program in New Mexico that focuses on primary prevention of skin cancer through educational efforts targeting children. Skin cancer prevention has long been a priority for the NMDOH CCP, which will continue to support programs that help children adopt sun safety habits now to avoid health problems that can result from a lifetime of sun exposure.

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## NORTH DAKOTA

# Community Grant Program Empowers North Dakotans to Prevent Cancer

### Cancer Burden

Cancer issues are a rising concern in North Dakota. Overall cancer incidence and death rates increase with increasing age after age 50 for both sexes, but with higher rates in males than females (North Dakota Cancer Registry, 2008). For North Dakotans, the five most common late-stage cancer diagnoses from 1997–2006 were lung cancer (80%), followed by colorectal (58%), cervical (45%), female breast (30%), and prostate (14%) cancers. Among these cancers, four of them—lung, colorectal, breast, and prostate—account for 55% of cancer cases in North Dakota (ND Cancer Registry, 2008). These same four cancers account for 49% of cancer deaths in the state (ND Division of Vital Records, 2008).

While overall cancer incidence rates have been decreasing in recent years among U.S. whites and American Indians (Espey et al., 2007; CDC, 2010), high rates remain among American Indians residing in certain geographic regions, including the Northern Plains, Southern Plains and Alaska (Espey et al., 2007). Regarding cancer mortality, Northern Plains Indians, including North Dakota tribes, have higher rates than the U.S. for prostate, lung, colorectal, and cervical cancers (Haverkamp et al., 2008). Moreover, rates vary among different American Indian populations; Northern Plains Indians have higher cancer mortality rates than all other Indian Health Service regions for all-site, prostate, lung and cervical cancers and are second-highest to Alaska for female breast cancer mortality (Haverkamp et al., 2008).

American Indians are the largest racial minority group in North Dakota, comprising about 5% (N=31,329) of the population. Analysis of the state's Behavioral Risk Factor Surveillance System (BRFSS) data indicated a number of adverse health-related risk factors among North Dakota's Native American adults. Compared to their Caucasian counterparts, Native Americans had higher percentages of current smokers, obesity, and delays in mammography, colonoscopy or sigmoidoscopy, and blood stool testing (BRFSS, 2008).

With the cancer burden identified and the North Dakota Cancer Plan as a guide, the North Dakota Cancer Coalition (NDCC) chose priority areas of

prevention, early detection, and screening with a vision of decreasing cancer incidence and death in North Dakota among all North Dakotans, including tribal communities.

*Evaluation of community grant activities is beginning to show a positive behavioral and attitude change regarding the importance of cancer prevention and screening as evidenced by participant evaluations*

### The Solution

The North Dakota Cancer Coalition Community Grant Program is a grassroots effort for NDCC members and partners to provide seed money to implement priority cancer prevention and control activities, identified above, at the local level. Five of the 20 community grants served tribal communities.

The Community Grant Program provides:

- Funding to implement, expand, and enhance cancer intervention projects outlined in the cancer plan at the local level.
- Resources to support cancer prevention activities at the local level.
- Support for cancer-related training and data needs.

The 2007–2008 and 2008–2009 community grant projects focused on areas such as:

- Colorectal cancer education and screening.
- Breast and cervical cancer education and screening.
- Prostate cancer education and screening.
- The link between nutrition and physical activity, and cancer prevention.
- Human papillomavirus education and vaccination (middle and secondary schools in western North Dakota).

# Stories of Success

- Smoking cessation and oral cancer screening (college campus).
- Survivorship (developed and launched a survivorship web site with North Dakota resources).

## Impact

The NDCC provided 20 community grants in the first 2 years of cancer plan implementation across North Dakota communities, including tribal areas. The Program funded a variety of organizations, including public health centers, cancer centers, hospitals, community programs, and tribal communities. These organizations have impacted cancer prevention and screening efforts in urban, rural, and tribal settings across the state.

Evaluation of community grant activities is beginning to show a positive behavioral and attitude change regarding the importance of cancer prevention and screening as evidenced by participant evaluations. Evaluations also show that providing additional education and opportunities for free and low-cost

screening increase individuals' ability to complete age-appropriate screening tests.

The North Dakota Cancer Coalition Community Grant Program is supported by the North Dakota Department of Health Comprehensive Cancer Prevention and Control Program. The Coalition is made up of more than 180 partner organizations across the state with a common vision of reducing cancer incidence and death in North Dakota.

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# PENNSYLVANIA

## Saving Lives through the Pennsylvania Cancer Education Network

### Problem

An estimated 28,815 people were expected to die from cancer in Pennsylvania in 2008. More than 60% of cancer deaths can be prevented by modifying risk factors and detecting cancer early. Colorectal, prostate, ovarian, and melanoma of the skin cancers account for about 30% of invasive cancers diagnosed in Pennsylvania.

### Intervention

The Pennsylvania Department of Health provides free cancer education services in all 67 counties to communities, organizations, civic groups, and worksites through the Pennsylvania Cancer Education Network (PCEN). Sixteen grantees of the PCEN provide community-based education sessions on cancer prevention and early detection with the message that modifying risk factors may prevent cancer and that getting screened detects cancer earlier, when it can be treated more successfully. PCEN health educators located statewide conduct interactive evidence-based cancer education on colorectal, ovarian, prostate, and skin cancers. Mobilizing additional support, the PCEN grantees partner with other organizations to train volunteer health educators, targeting critical areas of burden. Uniform messages are presented through modules approved for PCEN, including presentations, anatomical models, risk assessment brochures, evaluation surveys, and pre- and post-tests that evaluate changes in participants' knowledge, intention to screen, and attitudes about cancer. Sessions are flexible, averaging about 20 minutes, and question-and-answer sessions are included for seminars and workshops. Culturally appropriate information and free participant education materials are provided.

Targeted populations include:

- Colorectal cancer: Men and women aged 50 years and older.
- Ovarian cancer: Women aged 25 years and older.
- Prostate cancer: Men aged 50 years and older, and African American and high-risk men aged 45 years or younger.
- Skin cancer: Men and women aged 18 years and older.

### Success Impact

PCEN is increasing awareness and changing behaviors of residents through information about risk factors, symptoms, and the benefits of early detection through screening. Between April 1, 2008 and June 30, 2008, 10,084 participants attended PCEN educational sessions. Independent analysis conducted by Drexel University School of Public Health revealed statistically significant outcomes (P-value < 0.001):

- **Raising Awareness.** Attending a PCEN cancer education session significantly increases knowledge about signs and symptoms of cancer, risk factors for cancer, and screening tests for all four cancers.
- **Changing Attitudes.** Attending a PCEN education session significantly reduces misconceptions about screening being painful or embarrassing for all four cancers.
- **Promoting Early Detection.** Attending a PCEN education session significantly increases intention to be screened.
- **Equity in Impact.** Participants benefit from the education sessions, regardless of level of education.

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## TENNESSEE

## Musical Makes Cancer Messages Memorable

Based on data from the 2008 *United States Cancer Statistics* series, Tennessee ranks third among states in cancer mortality. Reducing this untenable statistic requires public education on cancer prevention and early detection, but who wants to sit through another boring presentation?

Tennessee's answer is cancer education disguised as entertainment provided via live performances of *Cancer Queens*, an original 45-minute musical staged at free events across the state.

Literature review of “edutainment” as a community education intervention, as well as results of a 2007 survey of programming needs of Tennessee Comprehensive Cancer Control Coalition (TC4) members, led to development of the musical. It presents cancer education in a non-threatening way and generates buy-in through popular songs. It capitalizes on existing cancer prevention knowledge by telling women to care for their health in a queenly manner.

A collaborative effort of the TC4 and its partners, *Cancer Queens* includes songs and skits that educate on breast and cervical cancer screening, skin cancer prevention, physical activity, diet, and smoking cessation. An “invitation to health” asks the audience to treat themselves like queens. Take-home materials reinforce the musical's messages. The volunteer eight-member cast includes six cancer educators and two survivors. None are professional performers. They made their own costumes and practice weekly. To develop a quality production, Vanderbilt-Ingram Cancer Center covered the costs of a professional choreographer and professional vocalists.

Since the debut performance of *Cancer Queens* on October 21, 2008, the show or abbreviated versions of it has been staged more than a dozen times and delivered cancer control messages to more than 1,400 Tennessee women. After each show, audiences are asked to complete evaluation forms and provide follow-up contact information to assess the impact of the musical.

Universally, those completing evaluation forms immediately following the performances say they would recommend the show to others and that it is a helpful way to conduct cancer education.

Phone surveys conducted 6 months after shows with 10% of the troupe's 2008 audiences showed the following program impact:

- 75% had told other women about the need for screening mammograms or Pap smears.
- 75% had increased or maintained efforts to be physically active 30 minutes or more at least four days a week.
- 86% had tried to add more fruits and vegetables to their diet.
- 73% had used sunscreen when they otherwise may not have.
- 58% had read the list of cancer resources included in the show's program.
- 61% had kept the program for future reference.
- 100% said treating yourself like a queen means taking care of your health.
- Follow-up contacts with audiences continue.

Six *Cancer Queens* shows were scheduled across the state in October and November 2009. The Queens will collaborate with *All About Women* to offer health education to women across the state at the *All About Women* 2010 events in Nashville, Knoxville, and Memphis, and they have submitted a proposal to perform at the National Wellness Conference in Stevens Point, Wisconsin in July 2010.

*Cancer Queens*, a collaborative, synergistic effort of a small group of health educators and survivors, embodies the ideals of comprehensive cancer control by presenting meaningful cancer messages in a palatable and memorable way for Tennesseans to grasp and take home to their families.

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Communities across the nation are uniting to ease the burden of cancer. This is Comprehensive Cancer Control. Together, we can **detect cancers earlier** by promoting recommended cancer screening guidelines and tests, and educating people about possible cancer signs and symptoms.

Find out more at [www.cdc.gov/cancer/ncccp](http://www.cdc.gov/cancer/ncccp).

## FOND DU LAC

### Having Someone to Talk To: The Value of Partnerships and Community Education in Screening and Early Detection of Cancer

Growth of partnerships is important to the Fond du Lac Wiidookaage Comprehensive Cancer Program. Along with local tribal efforts, state and national partnerships, and core funding through the CDC, we now have American Indian women who have been diagnosed and treated for early stage breast cancer who are willing to tell their personal stories in a public venue—bald heads are beautiful!

The Fond du Lac Wiidookaage Comprehensive Cancer Program successfully implemented a partnership between the tribe and the state via the SAGE Minnesota Breast & Cervical Cancer Screening program. The concern with screening and early detection is clear when it is understood that the deaths due to breast cancer are over 40% for Fond du Lac women—much higher than the 11.5% expected for white women (Minnesota Cancer Facts and Figures, 2006).

*Organizations working together can successfully reach an underserved population of American Indians—leaving fewer of our daughters longing for someone to talk to about their cancer risk and prevention opportunities.*

Early detection through breast cancer screening by mammography is the best protection by finding breast cancer early when it most treatable. Our partnership with SAGE—launched February 1, 2007—has

allowed for increased access to mammograms for American Indian women. SAGE data for 2008–2009 show that 163 mammograms and 146 Paps were received by Fond du Lac women. Through this effort, one woman was diagnosed with breast cancer and two women were treated for precancerous cervical lesions.

Partners that have facilitated access to mammograms:

- The Fond du Lac Public Health Nursing Department's Cancer Outreach Worker provides one-to-one breast cancer education through the American Cancer Society's *Circle of Life Plus Program* and Friend-to-Friend Parties.
- Dr. Joy Dorscher, the University of Minnesota, Duluth Medical School Minority Health program, and Dr. Lana White-King, both American Indian physicians, have facilitated Friend-to-Friend Parties.
- Dr. Lana White-King is also part of the Shakopee-Mdewakanton Mobile Mammography program which screened 106 Fond du Lac women in 2009 in addition to those screened by SAGE.
- National partners such as Native American Cancer Research and the Susan G. Komen Foundation have focused attention on screening.

Organizations working together can successfully reach an underserved population of American Indians—leaving fewer of our daughters longing for someone to talk to about their cancer risk and prevention opportunities.

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Colon cancer survivor and Idaho spokesperson Karen Echeverria stood in the Boise YMCA dressing room. Her poster, “A Colon Cancer Test Saved My Life,” was displayed in a few spots around the YMCA. A woman took her by the shoulders and said, “You saved my life!” She explained she had seen Karen’s posters about colon cancer screening and finally decided she should have a colonoscopy. Precancerous polyps were found and removed, and she was doing fine.

### Problem

In 2004, only 37.9% of Idahoans over 50 reported having had a colonoscopy or sigmoidoscopy within the past 5 years, and Idaho ranked near the bottom of all states for colon cancer screening (BRFSS 2004). In 2006, the Idaho Comprehensive Cancer Alliance (CCAI) selected increasing colon cancer screening as their number one priority from the objectives in the Idaho Comprehensive Cancer Strategic Plan when the plan was completed in 2006.

### Program Description

Between fall 2007 and spring 2008, the Idaho Comprehensive Cancer Control Program (ICCCP) held focus groups and gathered other input from stakeholders, and developed a media campaign based on those findings. The campaign uses two colorectal cancer survivors for a testimonial-based campaign. Media pieces include radio and newspaper advertisements, video interviews with the survivors, billboards, and print materials including posters, trifold brochures (in English and Spanish), two bookmarks (one male and one female survivor), and business-card sized message cards. The state program purchased media to reach all Idaho residents in spring 2008 and 2009. Ads provide the 2-1-1 Idaho CareLine phone number that people can call for a packet of materials from the state, the American Cancer Society, and CDC.

In 2007, the ICCCP contracted with all seven of Idaho’s local health departments to increase awareness about colorectal cancer (CRC) and promote screening in their districts. Local health departments and their partners’ activities to address CRC include:

- Outreach to physicians and other health professionals and professional education (conferences, classroom education, surveys, staff education, physician newsletters, and distribution of CRC physician materials packets).
- Policy work to increase screening coverage through worksite insurance plans.
- Local media interviews on radio, television news, and health programming, and newspaper and newsletter articles. Many are using local survivor stories. *Screen for Life* public service announcements were also promoted.
- Public education through presentations at worksites, community groups, faith-based groups, and health events.
- Outreach booths through employer and community health and benefit fairs, community events, and coordinated campaigns at worksites.
- Integration with other chronic diseases through educational events, and distribution of materials and information at diabetes groups, prostate cancer events, senior fitness and fall prevention classes, and at skin cancer screenings.
- Generating partner donations of fecal occult blood testing kits.
- Materials distribution at worksites, community organizations, pharmacies, senior centers, fitness centers, and libraries.

2008 BRFSS data show that the percentage of Idahoans over 50 reporting having had a colonoscopy or sigmoidoscopy within the past 4 years increased to 45.4%. Because of national efforts and general increased awareness, the increase may not be due only to efforts in Idaho; thousands of Idahoans have been reached through local channels and state-specific media.

The Idaho CareLine received this call from a woman who heard the radio advertisement regarding colon cancer in March 2009:

“My husband went to his primary doctor and asked if he should get a colonoscopy. His doctor said no, not necessary. He was 54 years old. Eight months later,

# Stories of Success

he was diagnosed with stage 3 colon cancer. He died 2 weeks ago. I just wanted to say thank you for the

awareness regarding this issue and that people over the age of 50 should be pushed to get screened.”

*“My husband went to his primary doctor and asked if he should get a colonoscopy. His doctor said no, not necessary.... Eight months later, he was diagnosed with stage 3 colon cancer.”*

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## IOWA

## Colorectal Cancer Integration with the Breast and Cervical Early Detection Cancer Program (BCCEDP)

**Public Health Problem**

Colorectal cancer is the second leading cancer killer of men and women in the United States, and in Iowa it is the third leading cause of cancer death. In 2009, 146,970 new cases of colon and rectal cancer are expected to be diagnosed across the United States. The State Health Registry of Iowa estimates 1,820 new cases for 2009. Colorectal cancer is one of the most preventable cancers, since if polyps are found and removed, the cancer is prevented.

*The BCCEDP and the Iowa Consortium for Comprehensive Cancer Control (ICCCC) partnered to study colorectal cancer screening behaviors of women enrolled in the BCCEDP.*

**Program Activity**

The BCCEDP and the Iowa Consortium for Comprehensive Cancer Control (ICCCC) partnered to study colorectal cancer screening behaviors of women enrolled in the BCCEDP. Eleven counties were identified with higher than expected rates of late-stage colorectal cancer diagnosis. Pre- and post-questionnaires were mailed to BCCEDP-eligible women aged 50–64 years in these 11 counties.

During a 1-month period, women participating in the BCCEDP were surveyed about their knowledge, attitudes, and behaviors related to colorectal cancer. A packet of educational materials about colorectal cancer screening (including a map of free or low-cost colorectal cancer screenings) was sent several weeks after the original survey. A separate educational packet was sent to BCCEDP providers. A follow-up questionnaire was sent to track changes in BCCEDP participant's knowledge, attitudes, and behaviors related to colorectal cancer screening.

**Program Findings**

Costs of colorectal cancer screening and lack of insurance coverage were identified as the primary barriers to this sampled BCCEDP population.

**Program Action**

The BCCEDP and ICCCC shared their findings and recommendations for providing increased resources to entities providing services for colorectal cancer screening at little or no cost to the recipient with the Iowa Cancer Consortium (ICC) membership. These were also made available to all attendees at the Iowa Cancer Summit in 2009.

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## Promising Practices Lead to High Return Rate of Fecal Immunochemical Tests in the Louisiana FIT Colon Program: a Statewide Colorectal Cancer Screening Demonstration Pilot

### Colorectal Cancer Problem in Louisiana

Louisiana ranks number one in the nation for deaths from colorectal cancer (Cancer Control Planet, 2002–2006), which is partially due to late-stage diagnosis and high numbers of uninsured and underinsured residents. Colorectal cancer treatment is costly for the state, and incidence rates are not decreasing as quickly as those in the nation, especially among African Americans.

*The Louisiana Comprehensive Cancer Control Program worked with state partners to establish the Louisiana FIT Colon Program (FITCo) through funding from the state legislature.*

The Louisiana Comprehensive Cancer Control Program worked with state partners to establish the Louisiana FIT Colon Program (FITCo) through funding from the state legislature to address these needs. A 2-year (2008–2009) comprehensive colorectal cancer screening pilot was to produce a sustainable program that addresses health disparities, capacity building, screening, diagnostics, support services, and administration.

### Infrastructure: Before Screening Could Begin

To ensure appropriate follow-up care for patients with a positive fecal immunochemical test (FIT), FITCo established a coordinated referral system

between federally qualified health centers, Louisiana Breast and Cervical Health Program clinics (early detection providers), and state hospitals. Additionally, nine much-needed colonoscopes and other peripheral equipment were purchased.

### Program Successes and Highlights

Data for fiscal years 2008–2009 showed a high return rate (71%) of the take-home FITs. FITCo attributes the high return rate to the FIT chosen for the program and the structure of the patient navigation. The FIT requires only two stool samples with limited stool handling, and has no dietary or medicinal restrictions. Additionally, the patient mails the samples in a self-addressed, postage-paid envelope directly to the laboratory, reducing lag time by third parties. Since providers do not collect or mail the samples, they have more time to recruit, educate, and navigate.

Patient navigation was a key component of the program. Providers were required to educate eligible patients on colorectal cancer and on using and mailing the FIT. Providers tracked patients receiving tests and laboratory results, following up weekly with all patients who had received the test but had not returned it. Navigators also ensured that patients with positive results received appropriate follow-up care.

These practices demonstrate the importance of patient navigation and a user-friendly screening test to ensure higher patient compliance, and ultimately to reduce illness and death from colorectal cancer.

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## NEW JERSEY

### Saving Lives One Beach at a Time

Nearly 12,000 Americans die each year from skin cancer, including 8,650 from melanoma, according to the American Cancer Society. In New Jersey, which already has a higher incidence of melanoma skin cancer than the rest of the United States, 2,530 new cases are estimated for 2009. New Jersey's very active beach community provides an opportunity to reach a large number of people who are at high risk for skin cancer due to overexposure to ultraviolet (UV) rays, the most common risk factor for cutaneous melanoma.

The Melanoma Workgroup of the Governor's Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey implemented the CDC's Choose Your Cover Campaign, a melanoma/skin cancer prevention and educational program, at the state's beaches organized through its county cancer coalitions. The goal of Choose Your Cover is to increase early detection and prevention awareness of melanoma statewide, which is a priority in New Jersey's comprehensive cancer control plan.

Over 1,900 beachgoers were screened at the Jersey shore through Choose Your Cover in 2008 and 2009. The program was initiated as a low-cost demonstration project to increase early detection and education among people who are at high risk for melanoma/skin cancer due to excessive sun exposure. In 2008, Choose Your Cover was implemented at three low-budget beachfront sites. The initial goal was to conduct 300 examinations and educate 1,500 people about melanoma/skin cancer.

On August 2 and 3, 2008, volunteer health professionals exceeded their goal and conducted 541 free skin cancer examinations on a first-come, first-serve basis. Of those screened, 47 were referred for biopsies, including 8 people with the possibility of having the more dangerous melanoma. Volunteers also distributed sunscreen and educational brochures

while teaching sunbathers about this important health concern and how to have fun outdoors while protecting their skin. UV radiation hazards, sun safe practices, the importance of regular skin self-examinations and the early detection of melanoma/skin cancer were discussed during the examinations. UV index signs were displayed at each site and free local radio interviews about melanoma/skin cancer prevention and early detection were broadcast to 120,000 listeners.

Coalition members evaluated the 2008 demonstration project using PDCA (Plan, Do, Check, Act), and concluded that Ocean County's model supported the local implementation of the state's comprehensive cancer control plan. Recommended changes included improving the community education during the examination and increasing the number of examination sites through three more coastal county cancer coalitions.

The Ocean County model was shared with three additional counties and the number of sites was increased to 11 for the July 25, 2009 Choose Your Cover event. Free skin cancer examinations increased by 154% from 541 in 2008 to 1,376 conducted in 2009. Screeners referred 508 people for follow-up, 54 of whom had suspected melanomas.

More than 100 volunteers, dozens of providers, and 40 organizations and foundations from four county cancer coalitions enthusiastically offered their time, money, food, water, supplies and educational materials to bring the skin cancer prevention and early detection message directly to more Jersey shore beachgoers. The cooperation of the many freeholders, mayors, local hospitals and health departments, doctors, nurses, volunteers and the media made Choose Your Cover 2009 one of the most important cancer examinations in the history of the state.

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## Education Increases Referrals for Colorectal Cancer Screening from Family Physicians

In Ohio, an average of 6,422 (3,214 men and 3,208 women) new cases of colorectal cancer were diagnosed annually between 2002 and 2006. According to the 2008 Behavioral Risk Factor Survey, only 51% of Ohioans aged 50 years and older reported having had a sigmoidoscopy or colonoscopy within the past 5 years.

The Ohio Department of Health, the Ohio Academy of Family Physicians, and the American Cancer Society provided family physician practices with professional education and practice improvement initiatives to help them increase colorectal cancer screening among their age- and risk-appropriate patients. The resource used for this program was “How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidence-Based Toolbox and Guide” prepared by Mona Sarfaty, M.D., Karen Peterson, Ph.D., and Richard Wender, M.D. on behalf of the National Colorectal Cancer Roundtable.

One key initiative was a workshop attended by multi-disciplinary staff from 11 family physician practices (seven in Year 1 and four in Year 2). Each office conducted a pre- and post-participation chart audit to see how many current patients were receiving appropriate colorectal cancer screening recommendations. The practices then participated in a day-and-a-half workshop, which included education and a moderator-led, hands-on workshop that enabled each practice to customize and streamline the process used in their office to improve their colorectal cancer screening recommendations.

Participants were evaluated immediately after the workshop and 1 year later. Findings immediately after the workshop indicated that:

- 98% were able to identify office-based factors that affect colorectal cancer screening rates.
- 96% were able to identify their role in improving screening rates within their practice.
- 96% will help develop an office protocol to improve colorectal cancer screening rates.
- 100% felt that the information presented was useful and practical.
- 96% believed that the toolkit was useful and materials provided were helpful.

The findings, 1 year after the workshop, for those who completed the entire program showed that:

- The practices saw a 16%–30% improvement in speaking with their patients about the importance of getting screened for colorectal cancer.
- All practices saw an increase in recommendations for colonoscopy, with one practice increasing their referral rate by 49%.
- When a fecal occult blood test (FOBT) card was returned with a positive result, 100% of the practice teams referred their patients to have a colonoscopy.
- Four out of five practices increased their number of results reported back from the gastroenterologist regarding their patient’s referral for colonoscopy.

The program will continue in the educational and evaluation phase for the Year 2 participants in the next year. Additionally, the Ohio Colorectal Cancer Coalition will use this program as a model for working with other physician practices across Ohio to increase colorectal cancer screening rates statewide.

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# OREGON

## Got Polyps? Campaign Grabs News Headlines

Raising public awareness about colorectal cancer as a major health issue in Oregon is essential to increasing screening rates and saving lives. Oregon Department of Human Services, in conjunction with the Oregon Partnership for Cancer Control, launched an educational outreach campaign in April 2008 dubbed “Got Polyps?” to raise the public profile of colorectal cancer and increase awareness that screening may prevent the deadly disease. An integrated, two-track campaign approach harnessing both earned and paid media has delivered measurable results. Partners ranging from hospitals and physician groups to health associations have played a key role in the campaign’s success.

*Efforts to grab headlines on behalf of the Got Polyps? campaign have generated \$352,082 in print, TV, and radio news coverage according to PRtrak, an online evaluation tool.*

### Got Polyps? Partners Contribute to Earned Media

Efforts to grab headlines on behalf of the Got Polyps? campaign have generated \$352,082 in print, TV, and radio news coverage according to PRtrak, an online evaluation tool. In addition to news about the launch of the campaign, statewide media attention was given to a live colonoscopy in Portland that demystified

colorectal cancer and screening. Other earned media coverage includes features about colon cancer survivors, health columns authored by physicians, and stories about American Cancer Society Colon Cancer-Free Zones at selected city Relay for Life events. More recently, news coverage was generated around a 20-foot inflatable Super Colon on display at Portland’s Legacy Good Samaritan Hospital.

### Got Polyps? Partners Contribute to Paid Media

Paid media secured for the Got Polyps? campaign includes placement of CDC’s *Screen for Life* public service announcements (PSAs) on TV and radio stations and, more recently, print advertisements in newspapers and senior/boomer publications. In 2008, 45 broadcast stations ran the *Screen for Life* PSAs at no cost to the campaign. Efforts are being made to secure placement of the *Screen for Life* PSAs again.

New in 2009, the campaign also created a print ad playing off the Got Polyps? theme. Partners, including Legacy Health Systems; Oregon Medical Association; Coalition for a Healthy Oregon; DCIPA: The Physicians of Douglas County; Mercy Medical Center; and the Mid-Rogue Independent Physician Association, have paid for placement in senior/boomer publications. Free placement also was secured in community newspapers in the Portland metro area.

You can view and download campaign materials at [www.healthoregon.org/cancer](http://www.healthoregon.org/cancer).

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# SOUTH CAROLINA

## Partnership Prevents Colon Cancer and Saves Lives

### Issue

A 60-year-old Saluda County woman living on a widow's pension wanted to take her doctor's advice about getting a colonoscopy. Uninsured since being laid off from her job a few years ago, she had no way to pay for the procedure that can cost about \$1,500. Unfortunately, she is not alone.

Colorectal cancer remains the second leading cause of cancer-related death in South Carolina and across the United States. However, according to the CDC, "If everyone aged 50 or older had regular screening tests, as many as 60% of deaths due to colorectal cancer could be prevented."

### Intervention

The South Carolina Department of Health and Environmental Control (DHEC) Region 3 received a \$35,000 grant from the South Carolina DHEC Division of Cancer Prevention and Control to raise awareness about colon cancer and the importance of being screened. This grant involved partners including but not limited to the South Carolina Cancer Alliance, Midlands Partnership Parish Nurse Program, South Carolina Gastroenterology Association, Consultants in Gastroenterology, and the Center for Colon Cancer Research at the University of South Carolina.

The project provided free colonoscopies to uninsured and underinsured people during two Saturday screening clinics as part of a pilot screening project. Dr. March Seabrook of Consultants in Gastroenterology in West Columbia, South Carolina, agreed to provide the colonoscopies at his facility. To receive a screening, the participant had to be uninsured or underinsured and 45 years or older for African Americans or 50 years or older for all other participants. Parish nurses played a tremendous role in the project. Some of their duties included:

- Recruiting participants during a series of Cancer Education Guide presentations given in the community.

- Collecting necessary demographic information, colorectal cancer screening history, individual health history, and family health history.
- Providing participants with the necessary preparations for the colonoscopy procedure.
- Calling the participants prior to the clinic to remind them about their appointments and the proper way to prepare for the procedure.
- Helping patients arrange for transportation to and from the clinic.
- Ensuring patients received information about the pathology report and providing any needed help after the clinic.

Though Dr. Seabrook waived his professional fee for these procedures, South Carolina DHEC Region 3 used cancer grant funds to reimburse Consultants in Gastroenterology to cover the Medicare facilities fee.

### Impact

As a result of the two screening events in November 2007 and March 2008:

- Thirty people received a colonoscopy at no cost to them.
- Colorectal cancer screening was provided to people who would not have received screening otherwise.
- Twenty-one adenomatous polyps were removed from 10 patients.
- Several hyperplastic polyps were removed from six patients.
- One simple polyp was removed from one patient.

In February 2008, after seeing a notice in her weekly newspaper about the free screening, the 60-year-old Saluda County woman had her first colonoscopy, and had no polyps. She happily reports, "They said, 'Whatever you're doing, keep it up.'"

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Communities across the nation are uniting to ease the burden of cancer. This is Comprehensive Cancer Control. Together, we can **improve access to treatment** by increasing people's access to quality cancer care and promoting recommended cancer treatment guidelines and practices.

Find out more at [www.cdc.gov/cancer/ncccp](http://www.cdc.gov/cancer/ncccp).

## People Running Through the Streets in Their Underwear? Absolutely!

### Not Your Typical 5K

It has been almost 8 years since Katie Couric's bold, on-air colonoscopy brought colorectal cancer into the mainstream media. The Colon Cancer Alliance (CCA) is determined to follow Katie's lead by doing something bold and outrageous to promote screening and save lives.

In 2008, CCA launched a series of 5,000 meter (5K) walk/runs, each called an Undy 5000. These events are designed to draw media attention, give survivors and caregivers a voice, and get people talking about colorectal cancer while raising funds for work in this area.

But, you may be asking yourself, what could possibly be bold and outrageous about these events? Aren't there thousands of 5Ks out there already? Well, this isn't your typical 5K. Participants in an Undy 5000 are encouraged to draw attention to their bottoms and colorectal cancer by running or walking in their underwear. Yes, underwear.

This might mean matching team boxer shorts for some, colorful boxer briefs for others, or even logo-branded shorts for corporate teams. Also, instead of handing out a boring old race T-shirt, our participants receive race-branded boxer shorts!

### But Why Underwear?

People don't like to talk about colorectal cancer, but talking about it could save their lives. We need people to talk about colorectal cancer at their doctor's office, around the dinner table, at the grocery store, while waiting in line at the local car wash, everywhere. CCA is willing to do anything to get people to speak out about colorectal cancer. A parade of people in their underwear, in hundreds of towns in the United States, will help us get there.

If you know 18 people, you know someone who will be diagnosed with colorectal cancer. If 200 people work for your company, 11 of them will be diagnosed with colorectal cancer (lifetime risk). And chances are they will have no symptoms and no family history of the disease.

**Fact:** In 2005, 141,405 people were diagnosed with colorectal cancer, and more than half of them were diagnosed in the late stages of the disease.

**Fact:** According to the Colon Cancer Alliance, 90% of those colorectal cancer diagnoses could have been prevented—that's about 127,000 people in 2005 alone—with just a simple test.

**Fact:** Colorectal cancer does not discriminate: it affects men and women and affects people of all races and ages.

**Fact:** The most common symptom of colorectal cancer is no symptom at all.

In 2008, Arizona was selected as one of four inaugural sites for the Undy 5000. The race was held November 15, 2008. A portion of the funds raised was used to provide colon cancer treatment to low-income, uninsured, and underinsured men and women in Arizona who were screened through the Colon Cancer Screening Program administered by the Arizona Department of Health Services. More than 1,200 participants registered for the Phoenix Undy 5000, and \$13,083.66 was given to the Arizona Department of Health Services Colon Cancer Screening Program for treatment. This event encouraged collaboration among many entities, and it was extremely satisfying to see everyone running side by side!

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## CALIFORNIA

### California Comes Together to Increase CRC Screenings by Establishing the California Colorectal Cancer Coalition (C4)

In 2006, partners from across California gathered to address the problem that only half of the state's eligible population was getting screened for colorectal cancer and rates were even lower among minority populations and the uninsured. With more than 6.6 million people lacking health insurance in California, there was room for improvement.

Although many organizations have recognized this problem, California suffers a dilemma endemic in the large, densely populated state: many organizations working in silos towards a common cause. In response, a broad section of volunteers who were originally part of the California Dialogue on Cancer (CDOC) implementation team focused on colorectal cancer efforts, committed to form the California Colorectal Cancer Coalition (C4).

The C4 follows the comprehensive cancer control model and serves as the uniting body for those working to increase colorectal cancer screening. Since 2006, C4 has become an independently operating 501(c)(3) organization with a mission to save lives and reduce suffering from colorectal cancer in all Californians. C4 strives to complete this mission by reducing disparities in colorectal cancer screening, diagnosis, and treatment; increasing capacity for colorectal cancer screening; and advocating for colorectal cancer screening programs.

One of C4's primary strengths is the diversity of its board, which includes survivors, surgeons, and community advocates. Board membership includes representation from the American Cancer Society (ACS), Kaiser Permanente, California Department of Public Health (CDPH), and the California Endowment. By drawing on its diverse membership, C4 has been able to work toward its goals by implementing projects in many different arenas, including continuing medical education (CME) for health care providers, media outreach, advocacy projects at the State Capitol, and hands-on screening days that reach out to the uninsured.

#### Continuing Medical Education (CME)

C4 served as a collaborating partner for a CME entitled "Colorectal Cancer: The Long and the Short of It."

#### Media Outreach

With diverse representation from agencies such as ACS, CDPH, and Paine Public Relations, C4 is uniquely positioned to present a unified message to state leaders and media about the importance of colorectal cancer prevention and screening.

#### Advocacy Projects

In late 2007, C4 organized an advocacy forum in Sacramento to engage community members in lobbying for increased screening. Through the event, C4 had March designated as Colorectal Cancer Awareness Month in California. The 2007 forum also helped launch a highly successful lobby day at the State Capitol in March 2008, which garnered support from California Senate leader Darrel Steinberg. Thirty-five people attended the event, and as a team they shared information about colorectal cancer with all 210 members of the legislature. State legislators were given maps of their districts prepared by the California Cancer Registry that showed the number of their constituents who died from colon cancer, compared to the population-adjusted expected death rates, and the number of constituents diagnosed at late stages. Thus, they received a snapshot on how well screening efforts were being carried out in their districts.

*Twenty-two people received colonoscopies; of those, one was diagnosed with early-stage colorectal cancer and four had advanced neoplasias removed.*

#### Hands-On Screening Days

- C4 collaborated in the expansion of Operation Access's colonoscopy screening day program. The program, which originated in the Bay Area, recruits surgeons and gastroenterologists to provide free colonoscopies to uninsured patients. C4 brought this model to Kaiser Permanente in San Diego in collaboration with Project Access San Diego and held two Super Surgery and

# Stories of Success

Colonoscopy Days. Twenty-two people received colonoscopies; of those, one was diagnosed with early-stage colorectal cancer and four had advanced neoplasias removed.

- C4 also is working with the San Diego Council of Community Clinics and the San Diego County

Medical Society Foundation to distribute 2,000 donated fecal occult blood test cards to uninsured community clinic patients. C4 hopes to expand this program throughout the state.

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In Program Year 2 of the 5-year CDC implementation grant, the Guam Comprehensive Cancer Control (CCC) Coalition took a strategic approach to implementing the 2007–2012 Guam CCC Plan. The first step in prioritizing objectives for implementation was to coordinate a series of cancer forums held from July 22–25, 2008, which was attended by 55 stakeholders and partners from the cancer network on Guam. Facilitated by the University of Guam's Cooperative Extension Service staff, the forums were conducted using the qualitative Appreciative Inquiry process, allowing participants to explore and share what works best, desires for the future, and

suggested methods to carry out actions grounded in real experience and history, thereby allowing people to replicate and repeat previous success.

Shortly thereafter, a Cancer Summit was coordinated by Guam CCC Program staff, with support from CCC Coalition Chairperson Dr. Annette David and other Coalition members. This event gave community members an opportunity to give input on the priorities identified at the cancer forums. Several months later, the Guam CCC Coalition conducted a retreat for all members. At that time Action Teams were established and action plans developed for all segments of the cancer care continuum, as follows:

- **Prevention:** An outreach program geared to all new mothers and fathers is being developed. Plans center on training Guam's nurses in Brief Tobacco Intervention, as nurses have been identified as the most appropriate people to conduct training with new parents.
- **Screening and Early Detection:** Work is being done to establish a baseline of the current colon cancer screening levels, to identify current screening guidelines, and to develop standardized minimum screening guidelines for Guam.
- **Treatment:** Priorities include improving access to cancer care and improving continuing cancer education programs for health care professionals.
- **Survivorship and Quality of Life:** A *Cancer Passport Guide* booklet containing information on local financial resources as well as other cancer support and services on Guam is being developed. It will be distributed to all newly diagnosed cancer patients.
- **Data and Research:** A *Guam Cancer Facts and Figures* booklet has been published featuring 2003–2007 data from the Guam Cancer Registry.

C-Change recognized the success of these efforts, awarding the Guam CCC with the 2009 C-Change Award for Exemplary Implementation by a Pacific Island Jurisdiction.

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## INDIANA

### Breaking Down Barriers: A Success Story for the ICC Clinical Trials Action Team

Currently, only 3% to 5% of adult cancer patients enroll in a clinical trial. Without clinical trial participation, breakthroughs and advanced treatments do not occur. In 2008, 20 states had legislation in place mandating that insurance companies cover the routine patient care costs for cancer patients enrolled in clinical trials. Indiana was not one of those 20 states. The Indiana Cancer Consortium (ICC) decided to address this issue.

The ICC is a statewide network of public and private organizations working to reduce the cancer burden in Indiana. This organization seeks to increase cancer prevention activities; increase early detection of cancer; decrease barriers resulting in disparities of access, screening, and treatment; and increase quality of life for cancer patients through increased communication and collaboration of ICC member organizations. The ICC Steering Committee formed an action team to address barriers to clinical trial participation in Indiana, recruiting subject matter experts to identify solutions. With that, the ICC Clinical Trials Action Team was born—including individuals from various organizations such as the American Cancer Society (ACS), Leukemia and Lymphoma Society (LLS), St. Francis Hospital, Northern Indiana Cancer Research Consortium, and more.

After much debate regarding barriers to enrollment in clinical trials, the Clinical Trials Action Team decided to promote legislation during the 2009 Indiana General Assembly, HB 1382. This legislation would mandate insurance companies cover routine patient care costs for cancer patients enrolled in clinical trials. Routine patient care costs include blood work, physician visits, and services related to the disease, but not necessarily the clinical trial. Such care costs would not include the drugs or research-related expenditures associated with a clinical trial, which typically are incurred by the clinical trial sponsor. During the latter half of 2008, the Clinical Trials Action Team geared up to mobilize support across Indiana and generate interest from state legislators, along with the public.

The legislative process began fairly smoothly. There was a great deal of interest from both chambers, and this issue reached across party lines. Rep. Peggy Welch and Sen. Beverly Gard were the first sponsors of the bill. Both were passionate about getting HB 1382 passed, working together to develop a strategic plan to make this law.

Unfortunately, a minor challenge developed regarding the fiscal impact of HB 1382. The Legislative Services Agency (LSA) solicited top Indiana insurers to configure the cost of this legislation to the state. The insurers reported to LSA that this bill would cost thousands of dollars. The Clinical Trials Action Team knew this number was inaccurate and disputed the insurers' estimate. Numerous studies have shown that routine patient care in clinical trials costs insurance companies about the same, if not less. After the Action Team configured its estimates and provided data, LSA realized the inaccuracy of the initial figure. In the end, HB 1382 had no fiscal impact whatsoever. This was a small success in the process for the Action Team.

*One legislator said he had never voted for a mandate before in his career, but he felt it did not make sense to be against this bill.*

Toward the end of the legislative process, the insurance companies realized HB 1382 was heavily supported and likely to pass. They worked with ACS and LLS to negotiate the details of the bill. The insurance companies wanted a hold harmless clause so they would not be liable if the clinical trial did not work for the cancer patient. ACS and LLS added it to the legislation. When all parties agreed, the insurance companies supported the bill.

When the legislation went to the floor, it passed unanimously. In fact, one legislator said he had never

# Stories of Success

voted for a mandate before in his career, but he felt it did not make sense to be against this bill. The Clinical Trials Action Team's efforts paid off. HB

1382 was enacted and signed by Gov. Mitch Daniels on May 7, 2009. On July 1, 2009, this legislation became law!

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# MISSISSIPPI

## Cancer Conference Leads to Changes to Improve Cancer Patients' Quality of Care

### Issue

Although the incidence of new cancer diagnoses is lower for Mississippi than the United States as a whole, Mississippi's death rate from cancer was 209.2 per 100,000 population, compared to 180.7 per 100,000 for the United States (Kaiser Family Foundation, 2006). This discrepancy may be due in part to the health disparities found among Mississippians who lack the means to seek early intervention, do not always understand the explanations provided by medical personnel, and lack psychosocial interventions that can help facilitate a cancer patient's journey through treatment.

### Intervention

The Southern Mississippi Area Health Education Center (SMAHEC) contacted each hospital within the southern 15-county area and found that only two hospitals use patient navigators to help cancer patients through the maze of appointments and treatments. After expanding the inquiry to hospitals, clinics, and the American Cancer Society in 24 South Mississippi counties, support groups were found in only 7 of those counties. Several of those groups were hosted by cancer survivors without any type of support from health professionals.

SMAHEC planned and hosted a conference in January 2009 called "A Community Conference to Increase Awareness of the Role of Psychosocial Interventions for Cancer Patients, Survivors, and Their Families," to inform health care professionals about the importance of supporting cancer patients' psychosocial needs. Topics included Patient Navigation: I Can Cope, a type of support group offered by the American Cancer Society; a panel made up of a cancer survivor and two family members of people who did not survive cancer; and Psychosocial Oncology: One Cancer Center's Experience.

### Impact

Nurses, social workers, physicians, cancer survivors and their family members attended the conference. Based on feedback from evaluation forms and pre- and post-tests, the audience was fairly knowledgeable about cancer treatment. However, 78.9% of respondents mistakenly believed that "There are plenty of psychosocial support groups in Mississippi for cancer patients." In fact, there are few support groups, and much more must be done to increase survivorship and address the psychosocial needs of cancer patients and their families.

The connections made at the conference have been fruitful:

- One of the conference planners implemented a Gulf Coast Chapter of the state comprehensive cancer program, which plans several educational outreach programs.
- One conference attendee was an inspirational woman named Gloria Johnson, a three-time cancer survivor, who hosts her own support group in rural Wilkinson County, Mississippi. She was nominated for the Spirit of Life award at the state cancer conference, and was chosen to receive that honor last May.
- Another attendee represented the Mississippi Institute for Improvement of Geographic Minority Health, which hopes to establish a training program for patient navigators to reduce the disparity in cancer deaths among Mississippi's minority population.
- The patient navigator presenter, Dr. Robert Gardner, was asked to speak at the state cancer conference, and was able to reach a larger audience.

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🌐 [www.msdh.state.ms.us/msdhsite/\\_static/43,0,292.html](http://www.msdh.state.ms.us/msdhsite/_static/43,0,292.html)

Communities across the nation are uniting to ease the burden of cancer. This is Comprehensive Cancer Control. Together, we can enhance quality of life for cancer survivors by addressing their physical, psychological, and emotional needs.

Find out more at [www.cdc.gov/cancer/ncccp](http://www.cdc.gov/cancer/ncccp).

# ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

## Camp Coho: Helping Alaska Native Children Grieve

When cancer strikes a family, it touches everyone. When a family member dies, few resources are available to help children understand and process their feelings of loss and grief. Alaska Native children living in small, remote Alaskan villages reachable only by airplane do not have access to cancer support resources generally available in large urban settings. In addition, few cancer support programs for children incorporate Alaska Native cultural values.

Recognizing this need, the Alaska Native Tribal Health Consortium (ANTHC) modeled the format of an existing grief camp for children and made culturally appropriate adaptations to meet the needs of Alaska Native children and families.

The Alaska Native Tribal Health Consortium Comprehensive Cancer Program developed and implemented Camp Coho, a one-day camp to help Alaska Native children better understand and share their feelings of loss and grief. The Camp provided activities based on nationally accepted standards adapted to honor Alaska Native cultures and values.

Twenty Alaska Native children (ten boys, ten girls) attended the first Camp Coho held in Anchorage on March 31, 2007. More than three-fourths of the children traveled to Anchorage from rural communities, flying several hours to attend the camp. Each child was accompanied by a parent and/or guardian.

Camp activities included:

- Art therapy, the creation of memory boxes using pictures of the loved one brought by the campers and pictures from Alaska-specific magazines.
- Healing circles, using a traditional healing circle structure with a “talking piece” (an eagle feather).
- Play activities to break up the intense sharing of loss and grief by the children.

- Grief support resources: a grief workbook, a list of cancer support resources, and items that provide comfort and encouragement to the campers, such as a fleece blanket, a gold medal, and a stuffed lion to recognize how brave each camper was for attending Camp Coho.

Each child was paired up for the day with a “Big Buddy” who also lost a loved one. The Big Buddy provided one-on-one support to the camper throughout the day’s activities.

Campers completed a post-camp evaluation. In response to one question, “What is the most important thing you learned today?” 75% of the campers indicated that they had learned:

- I am not alone.
- It is okay to cry.
- It is okay to talk about my emotions.

Parents’ feedback also indicated that Camp Coho helped the families heal and continue their grief journey. For example, one family shared that the “Message to a Loved One I Lost” activity helped them “open up and let go” of feelings they were internalizing.

Pairing culture and values, standardized education programs, and innovative partnerships to develop programs like Camp Coho brings programs to children who do not have access to standard cancer support resources.

Since the pilot of Camp Coho, an instructor “how-to” manual has been developed for use in other Alaska Native communities. The manual helps make the camp transportable. Other individuals and organizations can learn how to implement the Camp Coho model.

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## CONNECTICUT

# Assessing and Meeting the Unmet Training Needs of End-of-Life Health Care Providers

The Connecticut Cancer Partnership, in collaboration with the Connecticut Coalition to Improve End-of-Life Care (CCIELC), conducted a statewide survey and focus groups to identify the unmet educational needs of palliative and end-of-life (EOL) health care providers as a basis for creating educational initiatives to meet their needs.

### Public Health Problem

A number of influential reports have identified gaps in knowledge about care of individuals who are at the end of life, recommending improved training of health care professionals. Knowledge gaps have been associated with patients' needless suffering from physical symptoms and emotional concerns. The most recent Institute of Medicine report on improving the care of the dying describes how there has been little research on EOL care training needs following health care providers' basic education. Although more than 29,000 Connecticut residents die each year, limited advances have been made toward the development of successful state-based educational programs in meeting the needs of EOL health care providers.

### Program Activity

The survey's content was based on six literature-based domains to capture unmet educational needs related to EOL knowledge and competencies. In addition, the survey assessed methods of delivering educational content. The survey was administered to EOL health care providers over the Internet, at statewide professional meetings, and by direct contact from September 2008 to May 2009. Focus groups were conducted in August 2009.

### Program Impact

Providers representing eight disciplines completed 602 surveys.

The needs most commonly reported were help dealing with cultural and spiritual matters and having supportive resources at work.

*“I have a greater fear of a dying person than a dead person... You're afraid of messing up. They're only in this state once in life and you're afraid of doing something wrong...”*

Focus groups confirmed survey results and highlighted the need for processing of EOL issues to enhance personal and professional comfort. One respondent stated, “I have a greater fear of a dying person than a dead person.... You're afraid of messing up. They're only in this state once in life and you're afraid of doing something wrong.... It's emotional.... I may cause [a patient] pain or discomfort, and that's what bothers me more than not knowing what to do.”

Respondents indicated they preferred a half-day on-site training, spread over 1 to 2 days.

### Program Action

The CCIELC has disseminated these findings to key stakeholders and plans to use findings to create topics for its Annual 2010 Spring Educational Conference.

The CCIELC will develop core courses in needed areas of EOL content to be used by local agencies.

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## Peer Support Program Improves Quality of Life for Vermont Cancer Survivors

One of the primary goals of the Vermont State Cancer Plan, released in 2005, is to “improve the quality of life for Vermonters living with, through and beyond a diagnosis of cancer.” The Vermont Cancer Survivor Network (VCSN), a volunteer not-for-profit organization, was founded in 2006 by cancer survivors, for cancer survivors, to identify and implement strategies to meet the State Cancer Plan’s survivorship goals.

To help define the necessary action steps, the Vermont Department of Health (VDH) commissioned a focus group study of cancer survivors from around the state to determine the needs of Vermont cancer survivors. Working with VCSN, the study was completed in the summer of 2006.

While focus group participants identified many needs, the predominant theme across all of the focus groups was that interpersonal support plays a critical role for cancer survivors, yet that need is not well met in many parts of the state. To quote one participant, “I was told that this would be hard, but no one told me how hard.”

Study participants described a deep need for the kind of personal support that can be provided only by someone who has been through a cancer experience. Fellow cancer survivors can provide an understanding ear and are identified frequently as the best source of information about what to expect from treatment and common side effects, available resources and programs, and helping to evaluate complex options. An extremely high value was placed on connecting with other cancer survivors to receive and provide support.

To address this need, VCSN developed its own peer-to-peer support program called Kindred Connections. Funding was received from VDH and community foundations to hire a contractor to develop a training program and recruit cancer survivor volunteers. The contractor reviewed training offered by other programs and worked with VCSN directors to take the best from each program to create their own

Kindred Connections training.

In 2007, the program was piloted in Washington and Orleans counties in Vermont. Both counties are rural and have limited access to cancer survivor support groups. To recruit survivor volunteers, posters were placed in medical and other area locations, and articles were published in local newspapers. VCSN partnered with a clinician in the oncology department at the hospitals serving each county to make referrals to the program.

The response to the call for volunteers was greater than expected, with 20 from one county and 12 from the other. The initial training was conducted by VCSN volunteers. After 1 year, during follow-up training, it became clear that more referrals were coming from volunteers than from hospitals. Trained volunteers felt empowered enough to offer informal support to family, friends, or neighbors affected by cancer. In 2008, VCSN altered the program to reduce the need for hospital referrals and to empower volunteers further to reach out to their own communities. By the end of 2008, more than 70 volunteers were trained in the two pilot counties, and dozens of “matches” with cancer survivors were made.

In 2009, working with University of Vermont researchers on a study funded by the National Cancer Institute, VCSN received a local grant from the Vermont Cancer Center to extend the program to a third rural county in Northwestern Vermont. An additional 20 volunteers have been trained.

The Kindred Connections peer support training program has demonstrated that it is a successful way to meet the complex needs of cancer survivors looking for support in rural Vermont communities. VCSN will continue to identify appropriate community partners to expand the program to other areas of Vermont.

One Vermont survivor put it this way: “I do feel the medical profession handles the physical parts of the disease very well, but there’s always all those other things.”

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## Resources for Creating Effective Success Stories

### Impact and Value: Telling your Program's Story

 [www.cdc.gov/Oralhealth/publications/library/pdf/success\\_story\\_workbook.pdf](http://www.cdc.gov/Oralhealth/publications/library/pdf/success_story_workbook.pdf)

Developed by the Centers for Disease Control and Prevention, Division of Oral Health, this is a resource for program managers to create success stories that highlight their program's achievements. Although its examples are from state workers in oral health promotion, the methods for collecting and writing success stories can be applied to any public health program.

### How to Develop a Success Story

 [www.cdc.gov/HealthyYouth/stories/pdf/howto\\_create\\_success\\_story.pdf](http://www.cdc.gov/HealthyYouth/stories/pdf/howto_create_success_story.pdf)

Developed by the Centers for Disease and Prevention and Control, Division of Adolescent and School Health, to offer guidance on how to write a compelling success story.

### Evaluation Tutorials

 [www.cdc.gov/HealthyYouth/evaluation/resources.htm#5](http://www.cdc.gov/HealthyYouth/evaluation/resources.htm#5)

Tutorials that build skills around describing, planning, evaluating, and improving programs. The tutorials contain interactive exercises, review pages, and downloadable resources and examples.

### Plain Language: Improving Communication from the Federal Government to the Public

 [www.plainlanguage.gov](http://www.plainlanguage.gov)

A website developed by the Federal Aviation Administration (FAA) to help federal agencies write in plain language. Writing tips, examples, and resource lists guide writers to create effective documents, letters, and manuals that are accessible to all readers.

### National Association of Chronic Disease Directors State Success Stories

 [www.chronicdisease.org/i4a/pages/index.cfm?pageid=1](http://www.chronicdisease.org/i4a/pages/index.cfm?pageid=1)

Selected stories from state chronic disease directors. This website lists reasons and uses for writing compelling success stories and provides clear examples of success stories in public health.

### WISEWOMAN Works: A Collection of Success Stories from Program Inception Through 2002

 [www.cdc.gov/wisewoman/pdf/success\\_stories.pdf](http://www.cdc.gov/wisewoman/pdf/success_stories.pdf)

Selected stories from Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention.

### CDC's Preventive Health and Health Services Block Grant Messages from Across America

 [www.cdc.gov/nccdphp/blockgrant/pdf/PHaW.pdf](http://www.cdc.gov/nccdphp/blockgrant/pdf/PHaW.pdf)

Selected stories from Preventive Health and Health Services (PHHS) grantees. This document provides clear examples of compelling success stories in public health.







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